

Kentucky Healthcare Facility Outbreak Reporting Form

Kentucky Department for Public Health, Frankfort, KY
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)
SECURED FAX 502-696-3803

902 KAR 2:020 require health professionals to REPORT IMMEDIATELY to the Local Health Department (LHD) or the KY Department for Public Health (KDPH):

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard, or act of bioterrorism (regardless of the organism type)

902 KAR 02:065 requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH.

Organism _____

Fax Form to Local Health Department in jurisdiction of Facility's location

FACILITY INFORMATION

Healthcare Facility: Name:	County:	Infection Preventionist for facility: Name:
Address:		Phone:
Phone:	Date of Report:	Fax:
Individual Completing Report: Name:		Phone:

OUTBREAK INFORMATION

Location of Outbreak (Specify by Unit/Ward):		If this is a GI or suspected Foodborne illness, contact LHD for instructions on additional forms needed	
Disease/Organism involved:	Suspected Source of Outbreak:	Number of Cases: Pts _____ Staff _____	Number Exposed: Pts _____ Staff _____
Case Definition:		Date of First Case / /	Date of Last Case / /
Exposure resulted in: Infection <input type="checkbox"/> Colonization <input type="checkbox"/> or Both <input type="checkbox"/>	Is the outbreak ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the organism drug resistant or classified as an ESBL, CRE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Did any patients require a higher level of care? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many patients were moved to higher level of care?	Deaths Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Number of Deaths:
Control measures implemented to date:			

LABORATORY INFORMATION

Patient/Staff specimens collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many total specimens were collected?	Laboratory where specimens were sent:
Environmental samples collected: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many samples were collected?	Laboratory where samples were sent:
List sites of environmental sample(s) collected:		
PLEASE ATTACH LINE LIST & COPIES OF PATIENT, STAFF, AND ENVIRONMENTAL LABORATORY TEST RESULTS		

Department for Public Health Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001